FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10: 18

DOCUMENT # **P94000044350 (4)**

1. Corporation Name
THE RED RIBBON CORPORATION

Principal Place of Business	Mailing Address
201 TRANQUILITY COVE ALTAMONTE SPRINGS FL 32701	201 TRANQUILITY COVE ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1994
3a. Date of Last Report: 6-9-94

2. Principal Place of Business	2a. Mailing Address
21 43410 Horsin Around Lane	26 43410 Horsin Around Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Altoona FL	City & State 28 Altoona, FL
Zip 24 32702 Country 25 Lake	Zip 29 32702 Country 30 Lake

4. FEI Number: 59-3262822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BLACKMORE, VIOLET D
201 TRANQUILITY COVE
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: Patricia Campbell McGee
82 Street Address (P.O. Box Number is Not Acceptable): 43410 Horsin' Around Lane
83
84 City: Altoona FL 85 Zip Code: 32702

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Patricia Campbell McGee (Patricia Campbell McGee) 7-21-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	BLACKMORE, VIOLET D	12 NAME	Patricia Campbell McGee	
STREET ADDRESS	201 TRANQUILITY COVE	13 STREET ADDRESS	43410 Horsin Around Lane	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	14 CITY-ST-ZIP	Altoona, FL 32702	
TITLE	ST	21 TITLE		☒ Change ☐ Addition
NAME	EBAUGH, HELEN J	22 NAME	None	
STREET ADDRESS	C/O 201 TRANQUILITY COVE	23 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Campbell McGee 7-21-95 904-669-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patricia Campbell McGee

0035843 CP